



Bart L. Graham  
Commissioner

State of Georgia  
Department of Revenue  
Processing Center - Motor Vehicle  
P. O. Box 740381  
Atlanta, Georgia 30374-0381  
(404) 968-3800

Timothy A. Shields  
Director

## Application for Issuance of a Special License Plate & Affidavit of Need & Eligibility

<b>Section I. Suspended Driver/Habitual Violator Information</b>			
Full Legal Name:			Date of Birth:
Address Including City, State & Zip:			
Telephone Number Including Area Code:			
Driver's License #:		Surrendered License Plate #:	
Date of Conviction:		Court of Conviction:	
Have you been convicted of driving two (2) or more times under the influence of alcohol, drugs or other intoxicating substances within five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*** Please attach proof of surrender of the license plate to the Court or local County Tag Agent.</b>			
<b>Section II. Vehicle &amp; Insurance Information</b>			
Year & Make Vehicle:	Model Name or Number:	Color:	Vehicle Identification Number:
Insurance Company's Name:		Policy Number:	
Period of Coverage	From Date:	Thru Date:	
<b>*** Please attach a copy of the insurance information card for this vehicle provided by the insurer.</b>			
<b>Section III. Status of Suspended Driver's/Habitual Violator's Driving Privileges</b> - Complete this section if the suspended driver/habitual violator will be operating vehicle. <b>Attach a copy of driver's license, when applicable.</b>			
Check the applicable box. My driver's license is stamped 'limited' or 'probationary'. <input type="checkbox"/> Copy of driver's license is required. My driver's license is stamped 'valid in Georgia only'. <input type="checkbox"/> Copy of driver's license is required. My driving privileges have been fully reinstated Use <a href="#">Form T-218</a> My driving privileges are still revoked. <input type="checkbox"/> Complete 'Alternate Driver' sections IV, V, VI & VII.			
<b>Section IV. Alternate Driver Information</b> - I hereby certify that the individual named below is a member of my household and possesses a valid, unrestricted driver's license. <b>Attach a copy of the alternate driver's license.</b>			
Full Legal Name	Date of Birth:	Driver's License #:	
Address Including City, State & Zip:			
Telephone Number Including Area Code:			
<b>Section V. Vehicles Registered to Other Household Drivers</b> - If more than one, add additional sheet(s).			
Year & Make of Vehicle	Model Name or Number	Vehicle Identification Number	

**Section VI. Alternate Driver's Statement of Need (Choose & complete one of the following):**

☐ The co-owner of the vehicle, \_\_\_\_\_, is completely  
(Co-owner's Full Legal Name)

dependent upon the motor vehicle referenced in Section II for the necessities of life and would be subject to undue hardship without such special license plate for the following reason(s):

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**OR**

☐ A member of the suspended driver's/habitual violator's family, \_\_\_\_\_, is  
(Family Member's Full Legal Name)

completely dependent upon the motor vehicle referenced in Section II for the necessities of life and would be subject to undue hardship without such special license plate for the following reason(s):

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**Section VII. Notarized Signatures**

Suspended Driver's/Habitual Violator's Signature:

Date:

Alternate Driver's Signature:

Date:

Sworn to and subscribed before me this \_\_\_\_\_ of \_\_\_\_\_, 2\_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
(Notary Public's Signature & Notary Seal or Stamp)

\_\_\_\_\_  
(Date Notary Commission Expires)

**Section VIII. Department's Decision**

☐ **Denied\***

**DOR SEAL**

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

\*If your application is denied and you believe that the decision was made in error, you may submit a request for an administrative hearing before the Office of the State Administrative Hearings by submitting a written request to the Department. Appellate procedures and rights in administrative hearings are governed by the Administrative Procedures Act, O.C.G.A. [§50-13-1, et seq.](#)

**Section IX. Department's Decision**

☐ **Approved – The County Tag Office must issue a temporary operating permit (TOP) for the 'AI' plate category.**

**DOR SEAL**

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)